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## BIB DATA SHEET

CONFIRMATION NO. 7555

|   |   |   |                               |  |                           |                                |
|---|---|---|-------------------------------|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/824,941  | <b>FILING or 371(c) DATE</b><br>04/15/2004<br><b>RULE</b>   | <b>CLASS</b><br>600   | <b>GROUP ART UNIT</b><br>3735 | <b>ATTORNEY DOCKET NO.</b><br>GUID.105PA (02-115)            |                           |                                |
| <b>APPLICANTS</b><br>Kent Lee, Fridley, MN;<br>Quan Ni, Shoreview, MN;<br>Jesse W. Hartley, Lino Lakes, MN;<br>John D. Hallestad, Maplewood, MN;<br>Jeffrey E. Stahmann, Ramsey, MN;  |   |   |                               |  |                           |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/504,228 09/18/2003 <i>AS 8/7/07</i>  |   |   |                               |  |                           |                                |
| <b>** FOREIGN APPLICATIONS *****</b> <i>NIA AS 8/7/07</i>   |   |   |                               |  |                           |                                |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>06/26/2004  |   |   |                               |  |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <i>AS</i><br>Examiner's Signature |   | <input type="checkbox"/> Met after Allowance<br><i>AS</i><br>Initials | <b>STATE OR COUNTRY</b><br>MN | <b>SHEETS DRAWINGS</b><br>20                                 | <b>TOTAL CLAIMS</b><br>86 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Crawford Maunu PLLC<br>Suite 390<br>1270 Northland Drive<br>St. Paul, MN 55120<br>UNITED STATES   |   |   |                               |  |                           |                                |
| <b>TITLE</b><br>System and method for characterizing patient respiration  |   |   |                               |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>2088  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   |                               | <input type="checkbox"/> All Fees                            |                           |                                |
|   |   |   |                               | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|   |   |   |                               | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|   |   |   |                               | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|   |   |   |                               | <input type="checkbox"/> Other _____                         |                           |                                |
|   |   |   |                               | <input type="checkbox"/> Credit                              |                           |                                |